



South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street Suite 3, Spearfish, SD 57783
(605) 642-1388; FAX: 642-1389; WWW.STATE.SD.US/DOH/NURSING

Medication Administration Training Program for Unlicensed Assistive Personnel Application for *Faculty Change* for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to the Spearfish BON address or fax above.

Name of Institution: Aberdeen Health and Rehab
Name of Primary Instructor: Dolores (Doe) Volek
Address: 1700 North Hwy 281
Aberdeen, South Dakota 57401
Phone Number: 605 225 7315 Fax Number: 605 225 0078
E-mail Address of Faculty: doe.volek@tealwoodcc.com

1. Identify the approved curriculum that your instructors are using:

- ☐ 2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)
- ☐ Gauwitz Textbook – Administering Medications: Pharmacology for Health Careers, Gauwitz (2009)
- ☐ Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009)
- ☐ Nebraska Health Care Association (2010) (NHCA)
- ☒ We Care Online
- ☐ EduCare

2. List *new and existing* faculty requested and licensure information.

For new RN faculty, attach resume/work history with evidence of minimum 2 years clinical RN experience.

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by: SDBON)
Dolores Volek	SD	R015445	11-06-15	<i>[Signature]</i>
Kimberly Schwan	SD	R030628	08-19-14	<i>[Signature]</i>
Kristi Rowen	SD	R041856	09-25-15	<i>[Signature]</i>

RN Faculty Signature: Dolores Volek Date: 05/19/2014

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>5/22/14</u>	Date Notice Sent to Institution: <u>5/27/14</u>
Date Application Approved: <u>5/27/14</u>	Date Application Denied:
Expiration Date of Approval: <u>April 2016</u>	Reason:
Board Representative: <u>[Signature]</u>	

Rowen 3 2 full yrs. experience as RN - Φ approved.

5/22
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